

**Indiana State Department of Toxicology  
Breath Test Instrument  
Repair Request**

**DATE:**

\_\_\_\_\_  
**DEPARTMENT:**

\_\_\_\_\_  
**COUNTY:**

\_\_\_\_\_  
**CONTACT PERSON:**

\_\_\_\_\_  
**PHONE NUMBER:**

\_\_\_\_\_  
**INSTRUMENT TYPE: BAC DATAMASTER Serial Number:**

**PROBLEM WITH INSTRUMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED**

**BY:** \_\_\_\_\_

Please email this request to [halbrown@isdt.IN.gov](mailto:halbrown@isdt.IN.gov) or fax this request for repair to (317) 278-2836.

This information will be passed on to the Inspector in your area promptly during our business hours of Monday - Friday 8 am to 5 pm.